

L19 000080742

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000102490 3)))



H190001024903ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PYLE, DELLINGER & DUZ, PLLC
Account Number : 120000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sasevigny@hotmail.com

FILED
19 MAR 27 AM 8:57
SECRETARY OF STATE
OF FLORIDA

FLORIDA LIMITED LIABILITY CO.

Palm Coast Medical Lot 6, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 28 2019
C Kinsey

((H19000102490 3)))

**ARTICLES OF ORGANIZATION
OF
PALM COAST MEDICAL LOT 6, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **PALM COAST MEDICAL LOT 6, LLC.**

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **1325 Oak Forest, Ormond Beach, FL 32174.**


**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **Stephen A. Sevigny** and the Florida street address of the registered agent is **1325 Oak Forest, Ormond Beach, FL 32174..**

**ARTICLE IV
MANAGEMENT**

The Company is managed by a Manager. The person initially appointed as Manager is **Stephen A. Sevigny.**

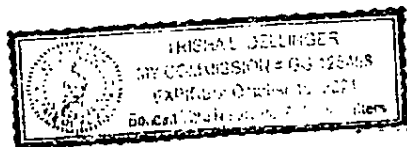
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 21 day of March, 2019.



Stephen A. Sevigny

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 21st day of March, 2019, by **Stephen A. Sevigny**, who ☒ is personally known to me, or ☐ presented a Florida Driver License or ☐ a _____ Driver License or ☐ _____, as identification.





Trisha L. Dellinger

(Printed Name)

My Commission Expires:

((H19000102490 3)))

FILED
19 MAR 27 AM 8:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H19000102490 3)))

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations provided in Chapter 605, Florida Statutes.



Stephen A. Seigny, Registered Agent

FILED
19 MAR 27 AM 8:57
CLERK OF COURT
HARRIS COUNTY TEXAS

(((H19000102490 3)))